See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 31-R-0054

CUSTOMER NO. 242

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

NOV 2 2 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

COLLEGE OF WOOSTER, THE 931 COLLEGE STREET WOOSTER, OH 44691

| 3. REPORTING FACILITY (List | t all locations where anima | als were bouned | 2000 | | |
|--|--|---|---|---|--|
| sheets if necessary.) | | Were ribused or used in | actual research, testing, teaching | ng, or experimentation, or held for these purposes. Attach ac | dditional |
| See Attached Listing | | | FACILITY LOCATIONS(sites) | | |
| | | 54 | | | |
| | | | | | |
| REPORT OF ANIMALS LISED BY | | 49 | | | The state of the s |
| A. | Y OR UNDER CONTROL O |)F RESEARCH FACILITY | Y (Attach additional sheets if nece | essary or use APHIS FORM 7023A) | |
| Animals Covered By The Animal Welfare Regulations | animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were sent and the surgery of the sent | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
| 4. Dogs | | | useu. | must be attached to this report) | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 3. Rabbits | | | | | |
| 9. Non-Human Primates | 0 | 5 | | | |
| 10. Sheep | | | | 0 | 5 |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| 4. Nonregulated | | | | | |
| Animals | | | | | |
| Mice | 69 | | 103 | q | |
| ASSURANCE STATEMENTS 1) Professionally acceptable stand | | | 100 | | 112 |

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report in addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- The attending veterinarian for this reser aspects of animal care and use. arch facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other

| CERTIFICATI | ON BY HEADQUARTERS PESSABOLI FACILITY OF |
|---------------|--|
| (Chief Evec | ON BY HEADQUARTERS RESEARCH FACILITY OFFICIAL |
| (Office Exect | tive Officer or Legally Responsible Institutional official |

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143) SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

(b)(6), (b)(7)c

DATE SIGNED

20/06

PART 1 - HEADQUARTERS

See reverse side for additional information Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 31-R-0054

CUSTOMER NO. 242

FORM APPROVED OMB NO. 0579-0036

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY NOV 2 2 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

COLLEGE OF WOOSTER, THE 931 COLLEGE STREET WOOSTER, OH 44691

| REPORT OF ANIMALS LISED BY | OP LINDER CONTROL O | E DESCADOU FACILITY | /All | | |
|-----------------------------------|------------------------------------|--|---|--|----------------------|
| REPORT OF ANIMALS USED BY (A. | B. Number of animals being | C. Number of | D. Number of animals upon | E. Number of animals upon which teaching. | F. |
| Animals Covered By The Animal | bred, conditioned, or | animals upon which teaching, research, | which experiments, teaching, research, surgery, or tests were | experiments, research, surgery or tests were conducted involving accompanying pain or distress | TOTAL NO |
| Welfare Regulations | held for use in teaching, testing, | experiments, or | conducted involving | to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would | OF ANIMAL |
| | experiments, | tests were conducted | accompanying pain or distress to the animals | have adversely affected the procedures, results, or interpretation of the teaching, research, | (Cols. C + D + E) |
| | research, or surgery but not | involving no pain, distress, or | and for which appropriate anesthetic, analgesic, or | experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these | |
| | yet used for such purposes. | use of pain- relieving drugs. | tranquilizing drugs were used. | animals and the reasons such drugs were not used must be attached to this report) | |
| 14 Animals (ont.) | | | | and reporty | |
| Rats | 59 | | 4 | | 4 |
| Domestic Chicks | 175 eggs | | | | 0 |
| Japanese Quail | 125 eggs | | | | 0 |
| Bob-White Quail | | 120 eggs, of which 6 hatched | | | 6 |
| Zelora Finches | 23 | | | 18 | 18 |
| | | | | | |
| | | | | | |
| | | | | | |
| 13 | | | | | |
| | | | | | |
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| | | | | | |

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the spec
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other

| Topoto of arminar dare and asc. | | |
|---|--|-------------|
| (Chief Execu | ON BY HEADQUARTERS RESEARCH FACILITY OFFICIAL stive Officer or Legally Responsible Institutional official) at the above is true, correct, and complete (7 U.S.C. Section 2143) | |
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE CICKED |
| | (b)(6), (b)(7)c | 11/20/04 |

APHIS FURIN TUZSA (AUG 91)

(Replaces VS FORM 18-23 (Oct 88), which is obsolete

PART 1 - HEADQUARTERS

Column E Explanation

| This form is intended as an aid to completing the Column E explanation. It is not an official form a voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required explanation. A Column E explanation must be written so as to be understood by lay persons as we | |
|---|-------------------|
| as to be understood by lay persons as w | ell as scientists |

| Registration Number: | 31-R-005 | 4 B | iology Departr | nent |
|---|--|--|------------------------------|-------------------------|
| 2. Number | of ani | mals used in this s | | |
| 3. Species (common name | e) Mouse of anin | nals used in the stu | ıdy. | |
| 4. Explain the procedure pr Mice were Subcutaments | oducing pain and/or distress. given an njec | tion of ni | icotine (210 Leoting. | one) |
| | | The state of the s | | 1999-1904 continuidades |
| Anesthetic L | ion why pain and/or distress cor distress relief would interfere sas not used of that animalistely innimized by I nom. | in His | 4 Magaily mandate | d testing, see |
| What, if any, federal regula (CFR) title number and the | tions require this procedure? C specific section number (e.g., | cite the agency, the APHIS, 9 CFR 113 | code of Federal Reguls.102): | lations |
| Agency | | | | |
| | | | | |

Column E Explanation

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

| 1. Registration Number: 31-R-0054 Biology Department |
|--|
| 2. Numberof animals used in this study. |
| 3. Species (common name) Zebra finch of animals used in the study. |
| 4. Explain the procedure producing pain and/or distress. |
| Birds were held in the hand & a small blood Sample |
| was collected tollowing puncture of the alar vein with |
| a 26 Gauge needle. 3B1002 samples (135 ml each) were |
| Collected over a lbr period - I sample was collected |
| immediately latter 30 min al after landing Date |
| sovieties periods, birds were held individually in so |
| Chothe bago. |
| 5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, se Item 6 below) |
| The procedure described above is a widely used |
| procedure for assessing stress responsiveness in a variety of species (e.g., mammals, birds, reptiles). |
| a variety of species (e.g., mammals, birds, leptiles). |
| The procedures were used to study stess response |
| thus inducing a stessor was a necessary component of |
| the study. |
| What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102): |
| AgencyCFR |
| |
| |

Column E Explanation

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

| 1. Registration Number: 31-R-0054 Psychology Department |
|---|
| 2. Numberof animals used in this study. |
| 3. Species (common name) |
| 4. Explain the procedure producing pain and/or distress. |
| O Contextual fear conditioning is a foot shock, classical conditioning procedure. The animal is classed into a |
| novel environment & filtering tone presentation recieves |
| 2 - 2 second foot shocks at 0.75 mA. The point of the tack is to determine what stimuli the animals pair |
| with the and state floor shock of we are the control of the |
| provide an anesthetic or analgesic. Evidence indicates hippo campal dependence on one aspect of this task of the Sex differences on that parameter are being explore 5. Provide scientific justification why pain and/or distress could not be a matter are being explore |
| 5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to ltem 6 below) 1. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to ltem 6 below) |
| a territorial aggression situation for 10 minutes, 3 times |
| This could produce Dain i) an actual attack or con co of or |
| Simply distress. This task is an important experimental |
| This could produce Dain if an actual attack occurred or simply distress. This task is an important experimental component because we are exploring the I chromosome influence on this behavior. Again, this distress is part of the experimental guestion but sould be acted. |
| 6. What, if any, rederal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102): |
| AgencyCFR |